

**GENERAL RELEASE  
OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I, Frank Robb, in consideration for payment by the City of Chicago of the sum of \$2,500 plus reimbursement of my airfare to and from Chicago, car rental, and hotel expense by the City of Chicago agree to provide my services in trapping and removing the alligator currently in the Humboldt Park Lagoon in the City of Chicago.

In consideration of such sums, I release and hold harmless the City of Chicago and its current, former, or future officers, agents, employees, and volunteers as well as the Chicago Park District and its current, former, or future officers, agents, employees, and volunteers from any and all claims, damages, compensation, injuries, losses, costs, expenses, and liabilities, including but not limited to property damage, personal injury or death, as well as attorneys' fees and costs arising directly or indirectly out of my performance of such services, regardless of whether said claims result in whole or in part from the negligence of the City of Chicago, its current, former, or future officers, agents, and employees and volunteers, or the Chicago Park District, its current, former, or future officers, agents, and employees and volunteers.

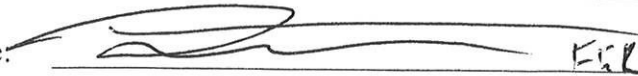
I further agree to defend and indemnify the City of Chicago and its current, former, or future officers, agents and employees, as well as the Chicago Park District and its current, former, or future officers, agents, employees, and volunteers from any and all claims of damages, compensation, injuries, losses, costs, expenses, and liabilities which may be incurred by me or any third party arising directly or indirectly out of my performance of such services, regardless of whether such claims result in whole or in part from the negligence of the City of Chicago, its current, former, or future officers, agents, employees and volunteers, or the Chicago Park District, its current, former, or future officers, agents, and employees and volunteers.

I understand and acknowledge that the services I have agreed to provide subject me to risk of physical injury, drowning, and illness, including permanent disability and death.

I hereby expressly agree that if any portion of this Agreement is found to be void, unenforceable, or invalid, the remaining portions of this Agreement will remain in full force and effect.

I have completely read this Agreement and fully understand its terms. My signature below evidences my full, knowing, and voluntary acceptance of the terms of this Agreement.

Print Name: Frank Robb

Signature:  FR

Date: 7-14-19

Witness: 



Chicago Animal Care and Control  
2741 S. Western Ave.  
Chicago, IL 60608



The Homeward Bound Animal Placement Program is a partnership with private agencies to place all adoptable animals. Partners visit our facility daily and take animals that have met the legal holding period. Some of these animals may not have been evaluated by our shelter or veterinary staff, but are available for transfer by any shelter partner that chooses to take them.

STATEMENT OF PROGRAM GOALS

As a partner agency, we ask that you state your goal for the number of animals you will attempt to transfer annually: REPTILES  
As many as are requested of us

ORGANIZATION/AGENCY INFORMATION

Name of Organization: CHICAGO HERPETOLOGICAL SOCIETY  
Address: 2430 N CANNON DRIVE City: CHICAGO State: ILLINOIS Zip: 60614  
Phone: 312-409-4456 Fax: \_\_\_\_\_ E-mail Address: www.ChicagoHerp.org

LICENSE INFORMATION

(Please attach a copy of your State Licence and/or 501c3 and City of Chicago Business License)

State of Illinois License Number: IRS # [REDACTED] City of Chicago License Number: \_\_\_\_\_  
Ill # certificate number  
2257 20 935 745

CONTACT INFORMATION:

(Please complete for each person acting on behalf of the organization/agency. No more than 4 agents are allowed.)

Name: BOB BAVIRSHA AGENT OF CHS

Address: [REDACTED]

City: [REDACTED]

Phone: 312-[REDACTED]

Fax: 773-[REDACTED]

E-mail: [REDACTED]

Name: RICH CROWLEY ADOPTIONS

Address: [REDACTED]

City: [REDACTED]

Phone: 708-[REDACTED]

Fax: \_\_\_\_\_

E-mail: [REDACTED]

Name: JOHN ARCHER PRESIDENT

Address: [REDACTED]

City: [REDACTED]

Phone: 630-[REDACTED]

Fax: \_\_\_\_\_

E-mail: JARCHER@CHICAGOHERP.ORG

Name: LINDA MALAWAY ADOPTION CHAIR

Address: [REDACTED]

City: [REDACTED]

Phone: 630-[REDACTED]

Fax: \_\_\_\_\_

E-mail: LMALAWAY@CHICAGOHERP.ORG

## TYPES OF ORGANIZATION

List species, specific breed and/or if mixed breeds are accepted: WE TAKE REPTILES AND AMPHIBIANS ONLY

Geographic area covered: THE FOUR STATES OF THE MIDWEST BUT A WORLDWIDE MEMBERSHIP

## FACILITY INFORMATION

Number of years in operation: 40 Staff Members: 0 Volunteers: ABOUT 600

Type of housing offered: (check all that apply)

☒ Foster Homes ☐ Indoor Kennels ☐ Outdoor Kennels ☒ Boarding at Vet ☐ Kennel/Cattery

☒ Other: ANIMALS ARE KEPT IN PRIVATE HOMES

Type of services offered: (check all that apply)

☐ Breeder ☒ Rescue ☒ Foster ☒ Referral ☐ Other: EDUCATION AND CONSERVATION

Does your organization have an age requirement? ☐ Yes ☒ No If yes, please specify age limit: \_\_\_\_\_

List capacity for: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: UNKNOWN

Are there circumstances under which you would deem an animal to be non-placeable with the general public?

☒ Yes ☐ No If yes, is euthanasia an option at your organization? ☒ Yes ☐ No

Does your organization have animal tracking technology? (Please explain) NO

Do you spay/neuter all animals before releasing to a new adoptive home? ☐ Yes ☒ No

If no, what animals do you release unsterilized? ALL OF THEM

What is your adoption fee and what services do you provide for that fee? NONE BUT DONATIONS ARE ACCEPTED  
ANIMALS ARE ONLY GIVEN TO VETTED SOCIETY MEMBERS OR STATE APPROVED FACILITIES

## REFERENCES

Veterinary Reference: VERNON HILLS ANIMAL HOSP. s/clinics used)

Name of Clinic: STEVE BARTEN

Address: 1260 S BUTTERFIELD ROAD

City: VERNON HILLS IL Zip: 60023

Phone: 847-367-4070

MUNDELEIN ANIMAL HOSP.

Name of Clinic: GERY HERRMANN

Address: 650 N MIDLOTHIAN DR

City: MUNDELEIN State: IL Zip: 60060

Phone: 708-566-5750 Fax: \_\_\_\_\_



Veterinary References ~~can't~~  
Name of Clinic: ANIMAL HOUSE OF CHICAGO  
BYRON DE LA NAVARRE  
Address: 2752 W LAWRENCE AV.  
City: CHICAGO State: IL Zip: 60625  
Phone: 773-878-8002 ax: \_\_\_\_\_

Lincoln Park Zoo  
Name of Clinic: KATHRYN GAMBLE  
Address: 2001 N CLARK  
City: CHICAGO State: IL Zip: 60614  
Phone: 312-742-7722 ax: \_\_\_\_\_

Animal Shelter References - (Please provide name of other shelter(s)/agencies that also place animals in your care.)

Name of Shelter: MADACC MIWAUKEE AREA DOMESTIC  
ANIMAL CONTROL  
Address: 3839 W BURHAM ST  
City: MILWAUKEE State: WIS Zip: 53215  
Phone: 414-649-8640 Fax: \_\_\_\_\_

Name of Shelter: WINNEBAGO COUNTY ANIMAL CONTROL  
Address: 4517 N MAIN  
City: ROCKFORD State: IL Zip: 61103  
Phone: 815-319-4100 Fax: \_\_\_\_\_

DEPT. OF CONSERVATION  
Name of Shelter: SCOTT BALLARD  
Address: ONE NATURAL RESOURCE WAY  
City: SPRINGFIELD State: IL Zip: 62702  
Phone: 217-785-8266 Fax: \_\_\_\_\_

ANIMAL WELFARE LEAGUE  
Name of Shelter: 6224 S WABASH  
Address: CHICAGO State: IL Zip: 60637  
Phone: 773-667-0088 Fax: \_\_\_\_\_

Please be aware that all references will be checked and statistical information may be requested on transferred animals.

I attest that information in this document is true and accurate to the best of my knowledge.

Authorized Signature: Bob Bavissha  
Printed Name: BOB BAVIRSHA

Date: JANUARY 10TH 2010  
Title: AGENT FOR THE SOCIETY

Please turn in application along with a copy of your applicable licenses  
at the front desk at 2741 S. Western Ave or fax to (312) 747-1409.

TO BE FILLED OUT BY CHICAGO ANIMAL CARE & CONTROL

NAME OF EMPLOYEE

THAT RECEIVED APPLICATION: Mamachi Delchote

DATE RECEIVED APPLICATION: 01-21-10

STATE LICENSE: \_\_\_\_\_

501C3: yes

CITY LICENSE \_\_\_\_\_

APPLICATION APPROVED:

☒ YES

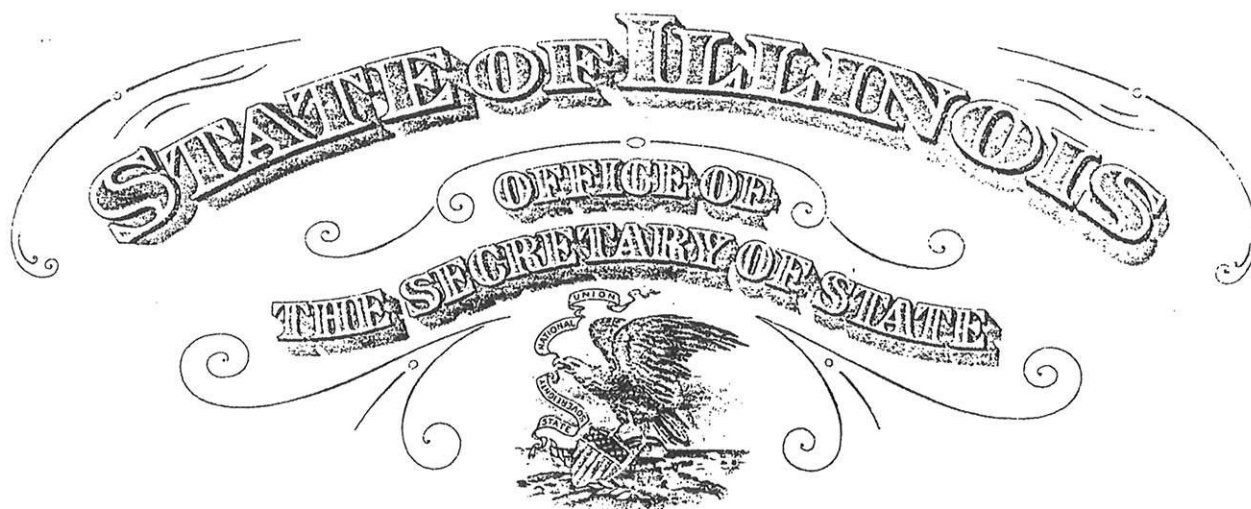
☐ NO

BY: [Signature]

SIGNATURE

DATE: 01-21-10





To all to whom these Presents Shall Come, Greeting:

Whereas, Articles of Amendment to the Articles of Incorporation duly signed and verified of

CHICAGO HERPETOLOGICAL SOCIETY

have been filed in the Office of the Secretary of State on the 15th day of August A. D. 19 69, as provided by the "GENERAL NOT FOR PROFIT CORPORATION ACT", of Illinois, approved July 17, 1943, in force January 1, A. D. 1944;

Now Therefore, I, PAUL POWELL, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this Certificate of Amendment, and attach thereto a copy of the Articles of Amendment to the Articles of Incorporation of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand, and cause to be affixed the Great Seal of the State of Illinois.

Done at the City of Springfield, this 15th day of August A. D. 19 69, and of the Independence of the United States the one hundred and 94th.



Paul Powell

SECRETARY OF STATE



20 935 745

Internal Revenue Service

Department of the Treasury

District  
Director

Person to Contact: ED:TFA

Chicago Herpetological  
Society  
2001 North Clark Street  
Chicago, IL 60614

Telephone Numbers: 1-800-424-1040  
312-435-1040

Refer Reply to:

Date: January 17, 1990

RE: Chicago Herpetological Society

EIN: [REDACTED]

This is in response to the letter dated January 17, 1990 regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in July, 1970, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(2) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000.00 or more, you are required to file Form 990, Return of Organizations Exempt from Income Tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,



R. S. Wintrode, Jr.  
District Director